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PATENT APPLICATION FEE DETERMINATION RECORD Substitut for Form PTO-875 Effective December 8, 2004												1	Application or Docket Number				
APPLICATION AS FILED - PART ((Column 1) (Colu								SMALL ENTITY			C	R	OTHER THAN SMALL ENTITY			7	
BACK	FOR BASIC FEE			NUMBER FILED			NUMBER EXTRA		RATE (S) FE		FEE (\$)	7		ATE (\$)			_
(3) CI	(37 CFR 1 16(a), (b), or (c))		NA			N/A		7	NA			_	~	NA	_	300.00	
	SEARCH FEE (37 CFR 1 16(N, (i), or (m))		NA				N/A	7	NA		\$250			NIA			
	EXAMINATION FEE (37 CFR 1 16(4), (p), or (q))		NVA					1	NA	- -	\$100		-			\$500	_
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APPLICATION SIZE FEE (37 OFR 1 16(6))			sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See														
35 U.S.C. 41(a)(1)(G) and 37 CF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16())							-R 1.16(s).		+180=	+	··	1	+3(50·	+		_
* If the difference in column 1 is less than zero, enter "0" in column 2.							2.		TOTAL	1		1	<u> </u>		+		_
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7-1	APPLICATION AS AMENDED - PART II 7-19-(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	ENTI	TY	OR	s	OTHE	R T	HAN ITITY	
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Z 1000	ependent CFR 1.16(h)).	•		Minus	•	\Box	•		X100. "		\neg		X200	_			
	Application Size Fee (37 CFR 1.16(s))											OR					
FIRS	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))								+180=			OR .	+360=				i
• # th	e entry in co	lumn 1 is	less then	the entry	in column 2,	write *	O' in column 3.	7	OTAL OD'L FEE			OR .	TOTAL ADD'L FE	E		·	:

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Patient and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". For IN THIS SPACE is less than 20, enter "20".